## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/7/2010	Address:	1200 Block S Cowen
Case #:	<u>221·46434</u>		Garrett, IN
County:	<u>Dekalb</u>		<u>46730</u>
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
Operation Chemica Dumpsi	al/Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	<ul><li></li></ul>
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  ☑ Lithium/Ammonia Reaction(s): Vehicle			
☐ Red Phosphorous/Iodine Reaction(s):  ☐ Flammable Solvents: Vehicle			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): Vehicle			
Corrosive Acid: Vehicle			
Corrosive Base:			
Other (item and location):			
☐ Yes <u>0</u> ( ☑ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip erett Police Department
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Garrett</u> artment: <u>Dekalb CO</u> ction Service:	Fax: <u>Email</u> Fax: <u>Email</u> Fax:	<u>led</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Matt Lazoff Phone 574-234-4157			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.